



## TRANSMITTAL FORM

Attorney Docket No.  
**RPS920000097US1**  
**2830RCE**In re: the application **Robert S. Holm**Confirmation No: **1677**Serial No: **09/732,346**Group Art Unit: **3627**Filed: **December 7, 2000**Examiner: **Zeender, Florian M.**For: **Analyzing Inventory Using Time Frames**

## ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Response	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/>	Request for Continued Examination Transmittal	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for two month(s), from December 16, 2004 to February 15, 2005.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	13	41	0	\$ 50.00	\$ 0.00
Independent Claims	1	3	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

## METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>08299</u> in the amount of \$ <u>450.00</u> is enclosed for payment of two month extension fees.
<input checked="" type="checkbox"/>	Charge \$ <u>790.00</u> to Deposit Account No. <u>50-0563</u> (IBM Corporation) for payment of RCE fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Reg. No. 30,801
Signature	
Date	February 14, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 14, 2005

Type or printed name	Irena Nikolova
Signature	